

*Landscape of Plan  
Options in  
Florida  
2007*

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage

# Medicare Advantage Cost Plans and Demonstrations

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# Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Alachua	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Alachua	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Alachua	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Alachua	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Alachua	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Alachua	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Alachua	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Alachua	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Alachua	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Alachua	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Alachua	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Alachua	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Alachua	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Baker	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Baker	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Baker	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Baker	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Baker	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-037C (H1036-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Baker	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-081D (H1036-081)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Baker	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-101C (H1036-101)	Local HMO	\$20.40	\$20.40	\$0	Enhanced		•
Baker	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Baker	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Baker	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Baker	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Baker	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Baker	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Baker	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Baker	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Baker	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Baker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Baker	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Baker	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Baker	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Bay	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Bay	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Bay	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Bay	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Bay	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Bay	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Bay	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Bay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bay	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Bay	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Bay	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Bay	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Bay	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Bradford	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Bradford	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Bradford	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bradford	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Bradford	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Bradford	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Bradford	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Bradford	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bradford	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Bradford	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Bradford	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Bradford	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Bradford	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Brevard	American Pioneer Health Plans	American Pioneer Health Plans (H5611-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	American Pioneer Health Plans	American Pioneer Health Plans (H5611-006)	Local HMO *	\$0.00					
Brevard	American Pioneer Health Plans	American Pioneer Health Plans (H5611-005)	Local HMO	\$202.00	\$61.40	\$0	Enhanced	Generics	•
Brevard	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-007)	Local HMO *	\$0.00					
Brevard	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-006)	Local HMO	\$202.00	\$61.40	\$0	Enhanced	Generics	•
Brevard	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
Brevard	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Brevard	Health First Medicare Plans	Value Plan (H1099-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	Health First Medicare Plans	Secure Plan (H1099-009)	Local HMO *	\$25.00					
Brevard	Health First Medicare Plans	Classic Plan (H1099-001)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Brevard	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Brevard	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Brevard	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Brevard	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Brevard	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Brevard	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Brevard	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Brevard	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Brevard	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Brevard	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Brevard	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Brevard	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brevard	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Brevard	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Brevard	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Brevard	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Brevard	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Brevard	Universal Health Care, Inc.	Medicare Masterpiece (H5404-062)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-015)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	WellCare	WellCare Advance (H1032-077)	Local HMO *	\$0.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Brevard	WellCare	WellCare Choice (H1032-036)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	WellCare	WellCare Value (H1032-133)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	American Pioneer Health Plans	American Pioneer Health Plans (H5611-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	American Pioneer Health Plans	American Pioneer Health Plans (H5611-003)	Local HMO *	\$0.00					
Broward	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-004)	Local HMO *	\$0.00					
Broward	America's Health Choice	America's Health Choice Advantage Plan (H1034-021)	Local HMO *	\$0.00					
Broward	America's Health Choice	America's Health Choice Healthy Rewards (H1034-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	America's Health Choice	America's Health Choice Premier Plan (H1034-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Broward	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Broward	AvMed Medicare Preferred	AvMed Premier Care (H1016-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO (H5436-002)	Local PPO	\$124.00	\$19.00	\$0	Basic		•
Broward	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-001)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	•
Broward	CarePlus Health Plans, Inc.	CareFree Plan (H1019-004)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Broward	CarePlus Health Plans, Inc.	CareOne Plan (H1019-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Citrus Health Care, Inc.	CitrusCare (H5407-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	Citrus Health Care, Inc.	CitrusCare Premium (H5407-016)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Freedom Health, Inc.	Freedom Medicare Plan (H5427-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Broward	Freedom Health, Inc.	Freedom Savings Plan (H5427-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Health Options, Inc./BCBSF	BlueMedicare HMO (H1026-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	HealthSun Health Plans, Inc.	SunPlus Advantage Plan (H5431-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Broward	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Broward	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Broward	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Broward	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Broward	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-011A (H1036-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-053A (H1036-053)	Local HMO *	\$0.00					
Broward	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-065C (H1036-065)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Medica HealthCare Plans, Inc.	MedicareMax (H5420-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	Medica HealthCare Plans, Inc.	MedicareMax Direct (H5420-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	PartnerCare Golden Advocate Plan	Broward Advocate (H5729-007)	Local HMO	\$0.00	\$0.00	\$100	Enhanced		•
Broward	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Broward	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Broward	Preferred Care Partners, Inc.	PSO Health Plan (H1045-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Broward	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Broward	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Summit Health Plan, Inc.	Summit Plus Plan (H5850-010)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Broward	SunCoast Physicians Health Plan, Inc.	SunCoast Broward (H5942-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Broward	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Broward	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					

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Broward	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Broward	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Broward	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Broward	United Healthcare Insurance Company	MedicareComplete Choice Plan 1 (H5417-006)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Universal Health Care, Inc.	Medicare Masterpiece (H5404-059)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-007)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Vista Healthplan of South Florida, Inc.	Platinum Select Plan (H1013-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Vista Healthplan, Inc.	Platinum Select Plan (H1076-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Vista Healthplan, Inc.	Platinum Value Plan (H1076-010)	Local HMO *	\$0.00					
Broward	Vista Healthplan, Inc.	Preferred Options (H1076-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	WellCare	WellCare Choice (H1032-042)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	WellCare	WellCare Dividend (H1032-043)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	WellCare	WellCare Value (H1032-044)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Calhoun	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Calhoun	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Calhoun	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Calhoun	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Calhoun	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Calhoun	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Calhoun	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Calhoun	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Calhoun	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Calhoun	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Calhoun	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Calhoun	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Charlotte	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Charlotte	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Charlotte	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Charlotte	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Charlotte	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Charlotte	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Charlotte	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Charlotte	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Charlotte	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Charlotte	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Charlotte	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Charlotte	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Charlotte	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Charlotte	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Charlotte	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Charlotte	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Charlotte	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Charlotte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Charlotte	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Charlotte	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Charlotte	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Charlotte	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Charlotte	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Charlotte	Universal Health Care, Inc.	Medicare Masterpiece (H5404-025)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-020)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	WellCare	WellCare Choice (H1032-069)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	WellCare	WellCare Dividend (H1032-097)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Citrus	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Citrus	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Citrus	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Citrus	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Citrus	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Citrus	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Citrus	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Citrus	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Citrus	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Citrus	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Citrus	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Citrus	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Citrus	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Citrus	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Citrus	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Citrus	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•
Clay	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clay	American Pioneer Health Plans	American Pioneer Health Plans (H5611-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clay	American Pioneer Health Plans	American Pioneer Health Plans (H5611-009)	Local HMO *	\$0.00					
Clay	American Pioneer Health Plans	American Pioneer Health Plans (H5611-008)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Clay	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clay	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-010)	Local HMO *	\$0.00					
Clay	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-009)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Clay	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Clay	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Clay	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Clay	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Clay	Quality Health Plans, Inc.	Advantage Silver North (H5402-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Clay	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Clay	Quality Health Plans, Inc.	Advantage Premium North (H5402-017)	Local HMO	\$54.20	\$48.10	\$0	Enhanced	Generics and Preferred Brands	•
Clay	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Clay	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					



# Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Clay	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clay	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Clay	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Clay	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Clay	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Clay	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clay	Universal Health Care, Inc.	Medicare Masterpiece (H5404-093)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Clay	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Clay	WellCare	WellCare Choice (H1032-073)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clay	WellCare	WellCare Value (H1032-129)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Collier	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Collier	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Collier	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Collier	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Collier	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Collier	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Collier	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Collier	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Collier	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Collier	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Collier	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Collier	Universal Health Care, Inc.	Medicare Masterpiece (H5404-094)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-020)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Columbia	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Columbia	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Columbia	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Columbia	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Columbia	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Columbia	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Columbia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Columbia	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Columbia	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Columbia	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Columbia	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Columbia	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dade	American Pioneer Health Plans	American Pioneer Health Plans (H5611-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	American Pioneer Health Plans	American Pioneer Health Plans (H5611-013)	Local HMO *	\$0.00					
Dade	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-014)	Local HMO *	\$0.00					
Dade	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Dade	AvMed Medicare Preferred	AvMed Premier Care (H1016-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO (H5436-001)	Local PPO	\$77.00	\$27.70	\$0	Basic		•
Dade	CarePlus Health Plans, Inc.	CareCenters Plan (H1019-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	CarePlus Health Plans, Inc.	CareFree Plan (H1019-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Dade	CarePlus Health Plans, Inc.	CareOne Plan (H1019-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Citrus Health Care, Inc.	CitrusCare (H5407-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Citrus Health Care, Inc.	CitrusCare Premium (H5407-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Doctorcare, Inc.	DoctorCare Health Advantage (H5411-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Doctorcare, Inc.	DoctorCare Plus Advantage (H5411-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Freedom Health, Inc.	Freedom Medicare Plan (H5427-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Dade	Freedom Health, Inc.	Freedom Savings Plan (H5427-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Health Options, Inc.\BCBSF	BlueMedicare HMO (H1026-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	HealthSun Health Plans, Inc.	SunPlus Advantage Plan (H5431-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Dade	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Dade	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Dade	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Dade	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Dade	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-034A (H1036-034)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-054C (H1036-054)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Leon Medical Centers Health, Inc.	Leon Cares (H5410-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Medica HealthCare Plans, Inc.	MedicareMax (H5420-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Dade	Medica HealthCare Plans, Inc.	MedicareMax Direct (H5420-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	PartnerCare Golden Advocate Plan	Dade Advocate (H5729-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Dade	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Dade	Preferred Care Partners, Inc.	PSO Health Plan (H1045-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Preferred Care Partners, Inc.	Senior Health Choice (H1045-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Dade	SecureHorizons	MedicareComplete Plan 1 (H9011-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	SecureHorizons	MedicareComplete Plan 2 (H9011-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dade	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Summit Health Plan, Inc.	Summit Plus Plan (H5850-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	SunCoast Physicians Health Plan, Inc	SunCoast Dade (H5942-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Dade	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Dade	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Dade	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Dade	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Dade	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dade	Universal Health Care, Inc.	Medicare Masterpiece (H5404-053)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-011)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Vista Healthplan of South Florida, Inc.	Platinum Plan (H1013-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Vista Healthplan, Inc.	Platinum Value Plan (H1076-010)	Local HMO *	\$0.00					
Dade	Vista Healthplan, Inc.	Preferred Options (H1076-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	WellCare	WellCare Choice (H1032-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•



## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Dade	WellCare	WellCare Dividend (H1032-040)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
DeSoto	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
DeSoto	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
DeSoto	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
DeSoto	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
DeSoto	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
DeSoto	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
DeSoto	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
DeSoto	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
DeSoto	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
DeSoto	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
DeSoto	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
DeSoto	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
DeSoto	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
DeSoto	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dixie	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Dixie	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Dixie	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Dixie	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Dixie	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Dixie	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Dixie	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Dixie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dixie	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Dixie	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Dixie	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Dixie	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Dixie	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Duval	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-006)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Duval	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-007)	Local HMO	\$43.00	\$15.90	\$0	Basic		•
Duval	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-008)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
Duval	American Pioneer Health Plans	American Pioneer Health Plans (H5611-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Duval	American Pioneer Health Plans	American Pioneer Health Plans (H5611-009)	Local HMO *	\$0.00					
Duval	American Pioneer Health Plans	American Pioneer Health Plans (H5611-008)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Duval	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Duval	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-010)	Local HMO *	\$0.00					
Duval	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-009)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Duval	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Duval	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Duval	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Duval	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Duval	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Duval	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-037C (H1036-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-081D (H1036-081)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-101C (H1036-101)	Local HMO	\$20.40	\$20.40	\$0	Enhanced		•
Duval	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		•
Duval	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Duval	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Duval	Quality Health Plans, Inc.	Advantage Silver North (H5402-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Duval	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Duval	Quality Health Plans, Inc.	Advantage Premium North (H5402-017)	Local HMO	\$54.20	\$48.10	\$0	Enhanced	Generics and Preferred Brands	•
Duval	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Duval	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Duval	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Duval	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Duval	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Duval	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Duval	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Duval	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Duval	Universal Health Care, Inc.	Medicare Masterpiece (H5404-096)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	WellCare	WellCare Choice (H1032-073)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Duval	WellCare	WellCare Value (H1032-129)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Escambia	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Escambia	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Escambia	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Escambia	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Escambia	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Escambia	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Escambia	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Escambia	PartnerCare Golden Advocate Plan	Pensacola Advocate (H5729-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Escambia	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Escambia	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Escambia	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Escambia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Escambia	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Escambia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Escambia	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Escambia	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Escambia	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Escambia	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Escambia	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Escambia	WellCare	WellCare Prescription Plus (H1032-079)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Escambia	WellCare	WellCare Choice (H1032-025)	Local HMO	\$29.00	\$0.00	\$0	Enhanced		•
Flagler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Flagler	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Flagler	Florida Health Care Plan, Inc.	FHCP Medvantage (H1035-007)	Local HMO *	\$0.00					
Flagler	Florida Health Care Plan, Inc.	FHCP Medvantage Rx (H1035-006)	Local HMO	\$7.20	\$7.20	\$265	Basic		
Flagler	Florida Health Care Plan, Inc.	FHCP Medvantage Rx Plus (H1035-002)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	All Formulary Drugs	•
Flagler	Humana Health Insurance Company Of FL, Inc.	HumanaChoicePPO PPO H5415-039 (H5415-039)	Local PPO	\$59.00	\$23.00	\$0	Enhanced		•
Flagler	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Flagler	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Flagler	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Flagler	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Flagler	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-044 (H1036-044)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Flagler	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-099 (H1036-099)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Flagler	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-056 (H1036-056)	Local HMO *	\$25.00					
Flagler	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Flagler	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Flagler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Flagler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Flagler	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Flagler	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Flagler	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Flagler	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Flagler	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Franklin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Franklin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Franklin	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Franklin	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Franklin	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Franklin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Franklin	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Franklin	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Franklin	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Franklin	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Franklin	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Franklin	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Franklin	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Gadsden	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Gadsden	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Gadsden	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic		•
Gadsden	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Gadsden	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Gadsden	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Gadsden	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Gadsden	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Gadsden	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Gadsden	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Gadsden	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Gadsden	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gadsden	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gadsden	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Gadsden	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Gadsden	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Gadsden	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Gadsden	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Gadsden	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Gadsden	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Gilchrist	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Gilchrist	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Gilchrist	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Gilchrist	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Gilchrist	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Gilchrist	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Gilchrist	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Gilchrist	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gilchrist	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Gilchrist	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Gilchrist	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Gilchrist	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Gilchrist	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Gilchrist	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gilchrist	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Gilchrist	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Glades	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Glades	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Glades	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Glades	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Glades	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Glades	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Glades	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Glades	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Glades	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Glades	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Glades	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Glades	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Glades	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Glades	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Glades	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Gulf	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Gulf	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Gulf	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Gulf	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Gulf	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Gulf	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Gulf	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Gulf	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gulf	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Gulf	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Gulf	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Gulf	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Gulf	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hamilton	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hamilton	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hamilton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hamilton	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hamilton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hamilton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hamilton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hamilton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hardee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hardee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hardee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hardee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hardee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hardee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hardee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hardee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hardee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hardee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hardee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hardee	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hardee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hendry	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hendry	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hendry	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hendry	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hendry	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hendry	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hendry	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hendry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hendry	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hendry	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hendry	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hendry	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hendry	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hernando	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hernando	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Hernando	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hernando	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hernando	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hernando	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hernando	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-067 (H1036-067)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hernando	Optimum HealthCare, Inc.	Optimum Gold Plan (H5594-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hernando	Optimum HealthCare, Inc.	Optimum Platinum Plan (H5594-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Brands	•
Hernando	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Hernando	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•



## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hernando	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Hernando	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Hernando	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Hernando	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Hernando	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hernando	SecureHorizons	MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00					
Hernando	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Hernando	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hernando	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hernando	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hernando	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hernando	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hernando	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hernando	Universal Health Care, Inc.	Medicare Masterpiece (H5404-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	WellCare	WellCare Choice (H1032-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hernando	WellCare	WellCare Dividend (H1032-032)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Highlands	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Highlands	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Highlands	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Highlands	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Highlands	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Highlands	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Highlands	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Highlands	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Highlands	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Highlands	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Highlands	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Highlands	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Highlands	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Highlands	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Hillsborough	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hillsborough	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Hillsborough	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-002)	Local HMO	\$53.00	\$15.90	\$0	Basic		•
Hillsborough	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-004)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
Hillsborough	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hillsborough	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-002)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	CarePlus Health Plans, Inc.	CareOne Plan (H1019-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	Citrus Health Care, Inc.	CitrusCare (H5407-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	Citrus Health Care, Inc.	CitrusCare Premium (H5407-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Hillsborough	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hillsborough	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hillsborough	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hillsborough	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hillsborough	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-025 (H1036-025)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hillsborough	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Hillsborough	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Hillsborough	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Hillsborough	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Hillsborough	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Hillsborough	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Hillsborough	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hillsborough	SecureHorizons	MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00					
Hillsborough	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Hillsborough	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hillsborough	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Hillsborough	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Hillsborough	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Hillsborough	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Hillsborough	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hillsborough	Universal Health Care, Inc.	Medicare Masterpiece (H5404-016)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	WellCare	WellCare Choice (H1032-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	WellCare	WellCare Dividend (H1032-131)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	WellCare	WellCare Value (H1032-041)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Holmes	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Holmes	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Holmes	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Holmes	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Holmes	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Holmes	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Holmes	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Holmes	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Holmes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Holmes	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Holmes	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Holmes	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Holmes	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Holmes	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Holmes	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Holmes	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Holmes	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Indian River	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
Indian River	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Indian River	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Indian River	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Indian River	Health First Medicare Plans	Value Plan (H1099-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Indian River	Health First Medicare Plans	Secure Plan (H1099-009)	Local HMO *	\$25.00					
Indian River	Health First Medicare Plans	Classic Plan (H1099-001)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Indian River	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Indian River	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Indian River	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Indian River	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Indian River	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Indian River	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Indian River	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Indian River	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Indian River	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Indian River	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Indian River	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Indian River	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Indian River	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Indian River	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Indian River	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Indian River	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Indian River	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Indian River	WellCare	Concert (H1340-017)	PFFS	\$139.00	\$49.50	\$0	Enhanced		•
Jackson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Jackson	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Jackson	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Jackson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jackson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Jackson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Jackson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Jackson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Jackson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jefferson	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Jefferson	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic		•
Jefferson	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Jefferson	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Jefferson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Jefferson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Jefferson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Jefferson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Jefferson	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Jefferson	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	WellCare	Summit (H1340-008)	PFFS	\$140.90	\$16.20	\$0	Enhanced		•
Lafayette	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lafayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Lafayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Lafayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Lafayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Lafayette	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lafayette	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Lafayette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lafayette	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lafayette	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lafayette	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lafayette	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lafayette	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lake	AdvantageCare	Orange Blossom Plan (H5426-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Lake	AdvantageCare	Valencia Plan (H5426-003)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Lake	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lake	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lake	Freedom Health, Inc.	Freedom Medicare Plan (H5427-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Lake	Freedom Health, Inc.	Freedom Savings Plan (H5427-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Lake	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Lake	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Lake	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Lake	Physicians United Plan	Hometown Rewards (H5696-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	Physicians United Plan	Hometown Spirit (H5696-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Lake	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Lake	Quality Health Plans, Inc.	Advantage Silver Central (H5402-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Lake	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Lake	Quality Health Plans, Inc.	Advantage Premium Central (H5402-013)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	Generics and Preferred Brands	•
Lake	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Lake	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lake	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lake	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lake	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lake	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lake	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lake	Universal Health Care, Inc.	Medicare Masterpiece (H5404-101)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic		

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lee	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Lee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Lee	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Lee	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Lee	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Lee	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Lee	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Lee	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Lee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Lee	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Lee	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Lee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lee	Universal Health Care, Inc.	Medicare Masterpiece (H5404-025)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-020)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Lee	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•
Leon	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Leon	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Leon	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic		•
Leon	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Leon	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Leon	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Leon	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Leon	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Leon	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Leon	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Leon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Leon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Leon	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Leon	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Leon	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Leon	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Leon	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Leon	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Leon	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Leon	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Leon	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•



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\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Leon	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Leon	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Levy	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Levy	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Levy	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Levy	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Levy	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Levy	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Levy	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Levy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Levy	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Levy	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Levy	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Levy	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Levy	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Liberty	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Liberty	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Liberty	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Liberty	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Liberty	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Liberty	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Liberty	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Liberty	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Liberty	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Liberty	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Liberty	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Liberty	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Liberty	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Liberty	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Liberty	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Liberty	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Liberty	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Liberty	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Liberty	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Madison	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Madison	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Madison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Madison	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Madison	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Madison	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Madison	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Madison	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Madison	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Madison	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Madison	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Manatee	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Manatee	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Manatee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Manatee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Manatee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Manatee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Manatee	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Manatee	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Manatee	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-074 (H1036-074)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Manatee	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Manatee	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Manatee	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Manatee	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Manatee	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Manatee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Manatee	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Manatee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Manatee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Manatee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Manatee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Manatee	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Manatee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Manatee	Universal Health Care, Inc.	Medicare Masterpiece (H5404-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	WellCare	WellCare Choice (H1032-069)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	WellCare	WellCare Dividend (H1032-097)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	AdvantageCare	Orange Blossom Plan (H5426-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Marion	AdvantageCare	Valencia Plan (H5426-003)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Marion	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Marion	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Marion	Freedom Health, Inc.	Freedom Medicare Plan (H5427-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Marion	Freedom Health, Inc.	Freedom Savings Plan (H5427-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Marion	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Marion	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Marion	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Marion	Physicians United Plan	Hometown Rewards (H5696-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Physicians United Plan	Hometown Spirit (H5696-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Marion	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Marion	Quality Health Plans, Inc.	Advantage Silver Central (H5402-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Marion	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Marion	Quality Health Plans, Inc.	Advantage Premium Central (H5402-013)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	Generics and Preferred Brands	•
Marion	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Marion	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Marion	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marion	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Marion	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Marion	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Marion	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Marion	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Marion	Universal Health Care, Inc.	Medicare Masterpiece (H5404-102)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Marion	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•
Martin	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Martin	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Martin	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
Martin	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Martin	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Martin	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Martin	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Martin	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Martin	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Martin	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Martin	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Martin	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Martin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Martin	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Martin	Summit Health Plan, Inc.	Summit Plus Plan (H5850-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Martin	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Martin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Martin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Martin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Martin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Martin	Vista Healthplan of South Florida, Inc.	Platinum Plan (H1013-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Martin	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Monroe	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Monroe	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Monroe	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Monroe	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Monroe	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Monroe	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Monroe	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Nassau	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Nassau	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Nassau	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Nassau	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Nassau	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Nassau	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-037C (H1036-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-081D (H1036-081)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-101C (H1036-101)	Local HMO	\$20.40	\$20.40	\$0	Enhanced		•
Nassau	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Nassau	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nassau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nassau	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Nassau	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Nassau	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Nassau	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Nassau	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Okaloosa	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Okaloosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Okaloosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Okaloosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Okaloosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Okaloosa	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Okaloosa	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Okaloosa	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Okaloosa	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Okaloosa	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Okaloosa	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Okaloosa	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Okaloosa	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Okaloosa	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Okaloosa	WellCare	WellCare Prescription Plus (H1032-079)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Okaloosa	WellCare	WellCare Choice (H1032-025)	Local HMO	\$29.00	\$0.00	\$0	Enhanced		•
Okaloosa	WellCare	Concert (H1340-017)	PFFS	\$139.00	\$49.50	\$0	Enhanced		•
Okeechobee	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Okeechobee	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Okeechobee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Okeechobee	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
Okeechobee	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Okeechobee	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Okeechobee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Okeechobee	HealthSun Health Plans, Inc.	SunPlus Advantage Plan (H5431-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Okeechobee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Okeechobee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Okeechobee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Okeechobee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Okeechobee	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Okeechobee	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Okeechobee	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Okeechobee	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Okeechobee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Okeechobee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Okeechobee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Okeechobee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Okeechobee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Okeechobee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Okeechobee	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Okeechobee	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Okeechobee	Universal Health Care, Inc.	Medicare Masterpiece (H5404-034)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Okeechobee	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Orange	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Orange	Citrus Health Care, Inc.	CitrusCare (H5407-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Orange	Citrus Health Care, Inc.	CitrusCare Premium (H5407-017)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Citrus Health Care, Inc.	CitrusCare Platinum (H5407-009)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Orange	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Orange	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Orange	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Orange	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Orange	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Orange	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Orange	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Orange	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Orange	Physicians United Plan	Hometown Rewards (H5696-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Physicians United Plan	Hometown Spirit (H5696-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Orange	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Orange	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Orange	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Orange	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Orange	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Orange	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Orange	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Orange	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Orange	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Orange	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Orange	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Orange	Universal Health Care, Inc.	Medicare Masterpiece (H5404-105)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	WellCare	WellCare Advance (H1032-037)	Local HMO *	\$0.00					
Orange	WellCare	WellCare Essential (H1032-091)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	WellCare	WellCare Value (H1032-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Orange	WellCare	WellCare Choice (H1032-002)	Local HMO	\$35.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Osceola	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•



# Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Osceola	Citrus Health Care, Inc.	CitrusCare (H5407-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Citrus Health Care, Inc.	CitrusCare Premium (H5407-017)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	Citrus Health Care, Inc.	CitrusCare Platinum (H5407-009)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Osceola	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Osceola	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Osceola	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Osceola	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Osceola	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Osceola	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Osceola	Physicians United Plan	Hometown Rewards (H5696-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	Physicians United Plan	Hometown Spirit (H5696-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Osceola	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Osceola	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Osceola	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Osceola	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Osceola	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Osceola	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Osceola	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Osceola	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Osceola	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Osceola	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Osceola	Universal Health Care, Inc.	Medicare Masterpiece (H5404-031)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	WellCare	WellCare Advance (H1032-038)	Local HMO *	\$0.00					
Osceola	WellCare	WellCare Essential (H1032-092)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	WellCare	WellCare Value (H1032-029)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	WellCare	WellCare Choice (H1032-004)	Local HMO	\$35.00	\$0.00	\$0	Enhanced		•
Palm Beach	America's Health Choice	America's Health Choice Advantage Plan (H1034-020)	Local HMO *	\$0.00					
Palm Beach	America's Health Choice	America's Health Choice Healthy Rewards (H1034-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	America's Health Choice	America's Health Choice Premier Plan (H1034-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	ANY, ANY, ANY PLAN	ANY, ANY, ANY PLAN II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Palm Beach	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-001)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	CarePlus Health Plans, Inc.	CareComplete Plan (H1019-021)	Local HMO *	\$0.00					
Palm Beach	CarePlus Health Plans, Inc.	CareFree Plan (H1019-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	CarePlus Health Plans, Inc.	CareOne Plan (H1019-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	Citrus Health Care, Inc.	CitrusCare (H5407-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	Citrus Health Care, Inc.	CitrusCare Premium (H5407-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Health Options, Inc./BCBSF	BlueMedicare HMO (H1026-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Palm Beach	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Palm Beach	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Palm Beach	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-035A (H1036-035)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-062C (H1036-062)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-063A (H1036-063)	Local HMO *	\$0.00					

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Palm Beach	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Palm Beach	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Palm Beach	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Palm Beach	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Palm Beach	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Palm Beach	Summit Health Plan, Inc.	Summit Plus Plan (H5850-010)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Palm Beach	SunCoast Physicians Health Plan, Inc	SunCoast Palm Beach (H5942-009)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Palm Beach	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Palm Beach	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Palm Beach	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Palm Beach	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Palm Beach	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Palm Beach	United Healthcare Insurance Company	MedicareComplete Choice Plan 1 (H5417-006)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Universal Health Care, Inc.	Medicare Masterpiece (H5404-056)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-007)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Vista Healthplan, Inc.	Platinum Prime Plan (H1076-016)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Palm Beach	Vista Healthplan, Inc.	Platinum Value Plan (H1076-010)	Local HMO *	\$0.00					
Palm Beach	Vista Healthplan, Inc.	Preferred Options (H1076-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	WellCare	WellCare Choice (H1032-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	WellCare	WellCare Dividend (H1032-031)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	WellCare	WellCare Value (H1032-113)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pasco	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Pasco	Citrus Health Care, Inc.	CitrusCare (H5407-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pasco	Citrus Health Care, Inc.	CitrusCare Premium (H5407-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Pasco	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Pasco	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Pasco	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Pasco	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Pasco	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-040 (H1036-040)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Pasco	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Pasco	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Pasco	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Pasco	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Pasco	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Pasco	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Pasco	SecureHorizons	MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00					
Pasco	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Pasco	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Pasco	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Pasco	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Pasco	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Pasco	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Pasco	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Pasco	Universal Health Care, Inc.	Medicare Masterpiece (H5404-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	WellCare	WellCare Choice (H1032-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pasco	WellCare	WellCare Dividend (H1032-131)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	WellCare	WellCare Value (H1032-041)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pinellas	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Pinellas	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-002)	Local HMO	\$53.00	\$15.90	\$0	Basic		•
Pinellas	Aetna Medicare	Aetna Golden Choice Standard Plan (H5437-001)	Local PPO	\$83.00	\$19.30	\$0	Basic		•
Pinellas	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-004)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
Pinellas	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Pinellas	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-002)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	CarePlus Health Plans, Inc.	CareOne Plan (H1019-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	Citrus Health Care, Inc.	CitrusCare (H5407-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	Citrus Health Care, Inc.	CitrusCare Premium (H5407-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Pinellas	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Pinellas	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Pinellas	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Pinellas	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Pinellas	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-052 (H1036-052)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Pinellas	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Pinellas	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Pinellas	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Pinellas	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Pinellas	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Pinellas	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Pinellas	SecureHorizons	MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00					
Pinellas	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Pinellas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pinellas	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Pinellas	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Pinellas	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Pinellas	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Pinellas	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Pinellas	Universal Health Care, Inc.	Medicare Masterpiece (H5404-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	WellCare	WellCare Choice (H1032-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	WellCare	WellCare Dividend (H1032-033)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Pinellas	WellCare	WellCare Value (H1032-035)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Polk	AdvantageCare	Orange Blossom Plan (H5426-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Polk	AdvantageCare	Valencia Plan (H5426-003)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Polk	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Polk	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Polk	Citrus Health Care, Inc.	CitrusCare (H5407-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Polk	Citrus Health Care, Inc.	CitrusCare Premium (H5407-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Polk	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Polk	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Polk	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Polk	Physicians United Plan	Hometown Rewards (H5696-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Physicians United Plan	Hometown Spirit (H5696-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Polk	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Polk	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Polk	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Polk	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Polk	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Polk	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Polk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Polk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Polk	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Polk	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Polk	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Polk	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Polk	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Polk	Universal Health Care, Inc.	Medicare Masterpiece (H5404-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	WellCare	WellCare Choice (H1032-070)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Polk	WellCare	WellCare Dividend (H1032-098)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	WellCare	WellCare Value (H1032-132)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Putnam	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-068 (H1036-068)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Putnam	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Putnam	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Putnam	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Putnam	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Putnam	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Putnam	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Putnam	Universal Health Care, Inc.	Medicare Masterpiece (H5404-106)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Putnam	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Santa Rosa	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Santa Rosa	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Santa Rosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Santa Rosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Santa Rosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Santa Rosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Santa Rosa	PartnerCare Golden Advocate Plan	Pensacola Advocate (H5729-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Santa Rosa	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Santa Rosa	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Santa Rosa	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Santa Rosa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Santa Rosa	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Santa Rosa	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Santa Rosa	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Santa Rosa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Santa Rosa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Santa Rosa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Santa Rosa	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Santa Rosa	WellCare	WellCare Prescription Plus (H1032-079)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Santa Rosa	WellCare	WellCare Choice (H1032-025)	Local HMO	\$29.00	\$0.00	\$0	Enhanced		•
Sarasota	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sarasota	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sarasota	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Sarasota	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Sarasota	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Sarasota	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Sarasota	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Sarasota	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Sarasota	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Sarasota	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Sarasota	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Sarasota	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Sarasota	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Sarasota	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Sarasota	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Sarasota	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Sarasota	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sarasota	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Sarasota	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Sarasota	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Sarasota	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Sarasota	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sarasota	Universal Health Care, Inc.	Medicare Masterpiece (H5404-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	WellCare	WellCare Choice (H1032-069)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	WellCare	WellCare Dividend (H1032-097)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					



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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Seminole	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Seminole	Citrus Health Care, Inc.	CitrusCare (H5407-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Seminole	Citrus Health Care, Inc.	CitrusCare Premium (H5407-017)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Citrus Health Care, Inc.	CitrusCare Platinum (H5407-009)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Seminole	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Seminole	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Seminole	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Seminole	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Seminole	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Seminole	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Seminole	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Seminole	Physicians United Plan	Hometown Rewards (H5696-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Physicians United Plan	Hometown Spirit (H5696-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Seminole	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Seminole	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Seminole	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Seminole	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Seminole	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Seminole	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Seminole	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Seminole	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Seminole	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Seminole	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Seminole	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Seminole	Universal Health Care, Inc.	Medicare Masterpiece (H5404-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	WellCare	WellCare Advance (H1032-037)	Local HMO *	\$0.00					
Seminole	WellCare	WellCare Essential (H1032-091)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	WellCare	WellCare Value (H1032-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Seminole	WellCare	WellCare Choice (H1032-002)	Local HMO	\$35.00	\$0.00	\$0	Enhanced	Generics	•
St. Johns	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-006)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Johns	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-007)	Local HMO	\$43.00	\$15.90	\$0	Basic		•
St. Johns	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-008)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
St. Johns	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
St. Johns	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
St. Johns	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
St. Johns	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
St. Johns	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
St. Johns	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-068 (H1036-068)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Johns	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Johns	Quality Health Plans, Inc.	Advantage Silver North (H5402-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
St. Johns	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
St. Johns	Quality Health Plans, Inc.	Advantage Premium North (H5402-017)	Local HMO	\$54.20	\$48.10	\$0	Enhanced	Generics and Preferred Brands	•
St. Johns	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
St. Johns	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
St. Johns	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
St. Johns	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
St. Johns	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
St. Johns	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
St. Johns	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
St. Johns	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
St. Johns	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
St. Lucie	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		
St. Lucie	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
St. Lucie	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
St. Lucie	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
St. Lucie	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
St. Lucie	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
St. Lucie	Citrus Health Care, Inc.	CitrusCare (H5407-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
St. Lucie	Citrus Health Care, Inc.	CitrusCare Premium (H5407-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
St. Lucie	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
St. Lucie	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
St. Lucie	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
St. Lucie	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Lucie	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
St. Lucie	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
St. Lucie	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
St. Lucie	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
St. Lucie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
St. Lucie	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
St. Lucie	Summit Health Plan, Inc.	Summit Plus Plan (H5850-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Lucie	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
St. Lucie	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
St. Lucie	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
St. Lucie	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
St. Lucie	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
St. Lucie	Universal Health Care, Inc.	Medicare Masterpiece (H5404-043)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	Vista Healthplan of South Florida, Inc.	Platinum Select Plan (H1013-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
St. Lucie	Vista Healthplan of South Florida, Inc.	Preferred Options (H1013-026)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	WellCare	WellCare Choice (H1032-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
St. Lucie	WellCare	WellCare Dividend (H1032-031)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	WellCare	WellCare Value (H1032-113)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Statewide	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Statewide	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Sumter	AdvantageCare	Orange Blossom Plan (H5426-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sumter	AdvantageCare	Valencia Plan (H5426-003)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sumter	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Sumter	Freedom Health, Inc.	Freedom Medicare Plan (H5427-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sumter	Freedom Health, Inc.	Freedom Savings Plan (H5427-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Sumter	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Sumter	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Sumter	Optimum HealthCare, Inc.	Optimum Gold Plan (H5594-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Sumter	Optimum HealthCare, Inc.	Optimum Platinum Plan (H5594-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Brands	•
Sumter	Physicians United Plan	Hometown Rewards (H5696-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	Physicians United Plan	Hometown Spirit (H5696-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Sumter	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Sumter	Quality Health Plans, Inc.	Advantage Silver Central (H5402-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Sumter	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Sumter	Quality Health Plans, Inc.	Advantage Premium Central (H5402-013)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	Generics and Preferred Brands	•
Sumter	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Sumter	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sumter	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Sumter	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Sumter	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Sumter	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Sumter	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sumter	Universal Health Care, Inc.	Medicare Masterpiece (H5404-108)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Suwannee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Suwannee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Suwannee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Suwannee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Suwannee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Suwannee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Suwannee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Suwannee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Suwannee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Suwannee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Suwannee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Suwannee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Suwannee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Suwannee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Suwannee	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Suwannee	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Suwannee	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Taylor	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Taylor	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Taylor	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Taylor	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Taylor	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Taylor	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Taylor	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Taylor	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Taylor	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Taylor	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Taylor	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Taylor	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Taylor	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Taylor	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Taylor	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Taylor	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Taylor	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Taylor	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Taylor	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Union	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Union	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Union	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Union	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Union	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Union	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Union	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Union	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Union	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Union	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Union	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Union	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Union	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Volusia	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Volusia	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Volusia	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Volusia	Citrus Health Care, Inc.	CitrusCare (H5407-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Volusia	Citrus Health Care, Inc.	CitrusCare Premium (H5407-018)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Volusia	Florida Health Care Plan, Inc.	FHCP Medvantage (H1035-007)	Local HMO *	\$0.00					
Volusia	Florida Health Care Plan, Inc.	FHCP Medvantage Rx (H1035-006)	Local HMO	\$7.20	\$7.20	\$265	Basic		
Volusia	Florida Health Care Plan, Inc.	FHCP Medvantage Rx Plus (H1035-002)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	All Formulary Drugs	•
Volusia	Humana Health Insurance Company Of Fl, Inc.	HumanaChoicePPO PPO H5415-039 (H5415-039)	Local PPO	\$59.00	\$23.00	\$0	Enhanced		•
Volusia	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Volusia	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Volusia	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Volusia	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Volusia	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-044 (H1036-044)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Volusia	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-099 (H1036-099)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Volusia	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-056 (H1036-056)	Local HMO *	\$25.00					
Volusia	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Volusia	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Volusia	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Volusia	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Volusia	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Volusia	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					

## Florida 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Volusia	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Volusia	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Volusia	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Volusia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Volusia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Volusia	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Volusia	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Volusia	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Volusia	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Volusia	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Volusia	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Volusia	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Volusia	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Volusia	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Volusia	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Volusia	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Volusia	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Wakulla	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Wakulla	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Wakulla	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic		•
Wakulla	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Wakulla	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Wakulla	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Wakulla	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Wakulla	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Wakulla	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Wakulla	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Wakulla	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Wakulla	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wakulla	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wakulla	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Wakulla	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Wakulla	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Wakulla	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Wakulla	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Wakulla	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Wakulla	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Wakulla	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Wakulla	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wakulla	WellCare	Summit (H1340-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Walton	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Walton	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Walton	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Walton	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Walton	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Walton	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Walton	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Walton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Walton	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Walton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Walton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Walton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Walton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					



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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Washington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Washington	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washington	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Washington	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Washington	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Washington	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Washington	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Washington	WellCare	Summit (H1340-008)	PFFS	\$140.90	\$16.20	\$0	Enhanced		•